MARYLAND STATE DEPARTMENT OF HEALTH

14582

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GORMANIA RURAL
STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) MARY (Last) ASHFIELD
4. DATE OF DEATH: (Month) DECEMBER (Day) 23, (Year) 19 52
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 25, 1883
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MOOREFIELD, WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WILKINS, LEVI
14. MOTHER'S MAIDEN NAME: FITZWATER, MARTHA J.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John Ashfield, Route # 1, Gormania, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmhage — 7 Days

4200 Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Dec, 1952, to 23 Dec, 1952, that I last saw the deceased alive on 23 Dec, 1952, and that death occurred at 8:18 A m., from the causes and on the date stated above.

SIGNATURE: A E. Mance — (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 24 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/26/52 — NAME OF CEMETERY OR CREMATORY: FAIRVIEW Cem. — LOCATION (City, town, or county) (State): GARRETT Co. Md.

DATE REC'D BY LOCAL REG. 12/26/52 — REGISTRAR'S SIGNATURE: Julia L. Rowan L.R.

24. FUNERAL DIRECTOR: J.S.D. Duncan — ADDRESS: Thomas W.Va.

RECEIVED
JAN
BUREAU V. L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14583

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 27 Linden St.

3. NAME OF DECEASED: (Type or Print) (First) Ellenora (Middle) (Last) Biddington
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: March 1, 1857
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Atkinson
14. MOTHER'S MAIDEN NAME: Molly Slider

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Elizabeth Boyer, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio-vasc

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) disease

DUE TO

(c)

Interval Between Onset And Death: years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Nov 1952 to 1 Dec 1952, that I last saw the deceased alive on 1 Dec 1952, and that death occurred at 7:55 A.M. from the causes and on the date stated above.

SIGNATURE Thomas & Lusby M D (Degree or title) ADDRESS Oakland, Md DATE SIGNED 4 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-5-1952
NAME OF CEMETERY OR CREMATORY Percy Cemetery
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 12/4/1952
REGISTRAR'S SIGNATURE Julia A Rowan L.R.
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1952
BUREAU V. S.

14584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Claude (Middle) Milton (Last) Clark.

4. DATE OF DEATH (Month) (Day) (Year) 12/15/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 10/27/1911

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Carpenter

11. BIRTHPLACE (State or foreign country) Oakland, Maryland,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lloyd W. Clark

14. MOTHER'S MAIDEN NAME Lillian Bowers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.R. 72. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 206-07-5495

17. INFORMANT AND ADDRESS Carl Clark, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sub arachnoid hemorrhage — Sudden.

330X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aneurysm, intra-cranial, site not determined — Several years.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1947, to 10-30, 1952, that I last saw the deceased alive on 10-30, 1952, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 16 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/19/1952

NAME OF CEMETERY OR CREMATORY Oakland Cemtery,

LOCATION (City, town, or county) (State) Oakland, Maryland,

DATE REC'D BY LOCAL REG. 12/19/52

REGISTRAR'S SIGNATURE Julia Stowan L.R.

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

RECEIVED
DEC 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14585

CERTIFICATE OF DEATH

Reg. Dist. No. 166

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CRELLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) M (Last) GRAHAM

4. DATE OF DEATH: (Month) DECEMBER (Day) 9 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 31, 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND, CRELLIN

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ASHBY, WILLIAM

14. MOTHER'S MAIDEN NAME: THAYER, HELEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MR. SPENCER GRAHAM, OAKLAND MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	5 Days
4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-renal disease	5 years
	(c) Pyelitis	10-14 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1952, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 8, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE: A.E. Mance (Degree or title) MD ADDRESS: Oakland Md - DATE SIGNED: 9 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/12/1952 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 12/12/52 — REGISTRAR'S SIGNATURE: Julia L Rowan LR

24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.

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1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14586 Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Accident, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
ANNA MARGARET HARMAN	Dec. 12 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 7, 1875	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Accident, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Georg	Christine Spoerlien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	None	Mr. Henry Harman, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	5 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	none			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 15, 1950, to Dec. 12, 1952, that I last saw the deceased alive on Dec. 12, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Milton Tepfer,	M.D.	Frendsville, Md.	Dec 17 1952

23. BURIAL, CREMATION / REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/52	Zion Lutheran	Accident, Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec-13/52	Ethel Broadwater	Wm. A. Winterberg	Grantsville, Md.

RECEIVED
DEC 17 1952
BUREAU V. S

14587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH — COUNTY: Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md. Rural
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Cline (Last) Martin
4. DATE OF DEATH: (Month) 12/ (Day) /1952 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: /26/1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner of Farm
11. BIRTHPLACE (State or foreign country): Red House, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Martin
14. MOTHER'S MAIDEN NAME: Eliza Roth.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr.s Wm. Martin, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1952, to Dec. 9, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: A. E. Maurer (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 10 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/11/1952
NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
LOCATION (City, town, or county) (State): Red House, Md.

DATE REC'D BY LOCAL REG.: 12/11/52
REGISTRAR'S SIGNATURE: Elmer C. Shaffer
24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1558

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY OR TOWN Oakland; MARYLAND; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN Oakland, md, Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) Victoria (Last) Nazelrod

4. DATE OF DEATH (Month) 12/ (Day) 3/ (Year) 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/6/1872

9. AGE last birthday: 80 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rockingham County.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanuel Nazelrod

14. MOTHER'S MAIDEN NAME: Christinia Sines.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Wm. Nazelrod, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 19 52, to 12/6, 19 52, that I last saw the deceased alive on 12/6, 19 52, and that death occurred at .... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas L Roby M. D. Oakland, Md Dec 13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/10/1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Thomas, W. Va.

DATE REC'D BY LOCAL REG. 12/10/52

REGISTRAR'S SIGNATURE: Julia A Lowman L.R.

24. FUNERAL DIRECTOR: Emray D. Golden

ADDRESS: Oakland, Md.

14559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH — COUNTY: Garrett Accident MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident
LENGTH OF STAY (in this place): Fire time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) Margaret Sophia (Last) Nicklow
4. DATE OF DEATH: (Month) (Day) (Year) 12/11/1952 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/2[illegible]/[illegible]
9. AGE last birthday: 6[illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Accident, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Haenftling
14. MOTHER'S MAIDEN NAME: Margaret George.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Clarence Nicklow, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes, Mellitus — 7 yrs

(c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Dec 10, 1952, that I last saw the deceased alive on Dec 10, 1952 and that death occurred at 6A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Tepper M.D. ADDRESS: Friendsville, Md DATE SIGNED: Dec 13, 1952

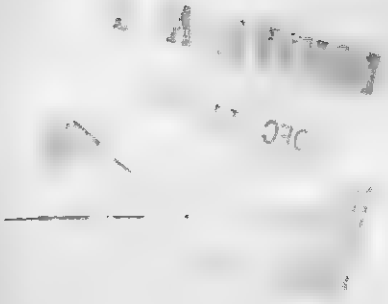
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/[illegible]/1952
NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery
LOCATION (City, town, or county) (State): Accident, Md.

DATE REC'D BY LOCAL REG.: Dec 13, 1952
REGISTRAR'S SIGNATURE: Kathryn Fikes
24. FUNERAL DIRECTOR: Emroy D. Bolden, ADDRESS: Oakland, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

14590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 28 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KEMPTON
STREET ADDRESS (If rural, give location): (RURAL)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) POVISH

4. DATE OF DEATH: (Month) DECEMBER (Day) 29 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 10/19/1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY: COAL

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH POVISH

14. MOTHER'S MAIDEN NAME: PAULINE STOLGITIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-09-3285

17. INFORMANT AND ADDRESS: MR. WILLIAM POVISH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Lft lung	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 24, 1952, to Dec. 29, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE: A.E. Mana — (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 29 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/31/52 — NAME OF CEMETERY OR CREMATORY: Catholic Cem. — LOCATION (City, town, or county) (State): Thomas, West Va.

DATE RECD BY LOCAL REG.: 12-31-1952 — Reg. — Julia A. Rowan L.R

24. FUNERAL DIRECTOR: J.O.D. Duncan — ADDRESS: Thomas, West Va

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MD
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19 [illegible]

5. SEX [illegible] 6. COLOR OR RACE [illegible] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] 8. DATE OF BIRTH [illegible] 9. AGE Last birthday [illegible] If under 1 year Months [illegible] Days [illegible] If under 24 hrs. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] 10b. KIND OF BUSINESS OR INDUSTRY [illegible] 11. BIRTHPLACE (State or foreign country) [illegible] 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible] 16. SOCIAL SECURITY NO. [illegible] 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probable Atalectasis-Excessive Mucous all life

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Premature Separation of Placenta

(c) Prematurity - (by 1 month)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION [illegible] 19b. MAJOR FINDINGS OF OPERATION [illegible] 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible] PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Dec 12, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M. D. Oakland, Md. Dec 12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/14/52 NAME OF CEMETERY OR CREMATORY Deer Park Cemetery LOCATION (City, town, or county) Deer Park (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/14/52 REGISTRAR'S SIGNATURE Julia L. Howard L.R. 24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland Md.

24 V 212 - 23

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14592

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) Henry (Last) SLIGER

4. DATE OF DEATH: (Month) DECEMBER (Day) 26 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1/9/1863

9. AGE last birthday: 89 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Bruceton, W.Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Sliger

14. MOTHER'S MAIDEN NAME: Catherine Maust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Pearl Sutor (daughter) Friendsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Depfer, M.D. ADDRESS: Friendsville, Md DATE SIGNED: Dec 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): burial DATE THEREOF: 12-29-52 NAME OF CEMETERY OR CREMATORY: Blooming Rose LOCATION (City, town, or county): Nr. Friendsville (State): Md.

DATE REC'D BY LOCAL REG: Dec 29, 1952 REGISTRAR'S SIGNATURE: Kathryn Pike

24. FUNERAL DIRECTOR: Emory D. Bolden ADDRESS: Oakland, Md

RECEIVED
DEC 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14503/62

1. PLACE OF DEATH:

COUNTY Garett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bruce (Middle) -- (Last) Yommer

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12-21-1894

9. AGE last birthday: 57-11-23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Roader Retired

10b. KIND OF BUSINESS OR INDUSTRY: No Owner

11. BIRTHPLACE (State or foreign country): Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Lewis Yommer

14. MOTHER'S MAIDEN NAME: Mary Jane OttO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-6433

17. INFORMANT & ADDRESS: Mrs Bruce Yommer, Jennings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Acute myocardial failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to Dec, 1952, that I last saw the deceased alive on Dec, 1952, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Pa DATE SIGNED 12/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-21-1952

NAME OF CEMETERY OR CREMATORY Grantsville

LOCATION (City, town, or county) (State) Grantsville Md

DATE REC'D BY LOCAL REG. Dec. 19/52

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR. 8-51

RECEIVED
DEC 22 1952
BUREAU V. S.